



STATE OF WISCONSIN \ DEPARTMENT OF MILITARY AFFAIRS
WISCONSIN EMERGENCY MANAGEMENT

2400 WRIGHT STREET
P.O. BOX 7865
MADISON, WI 53707-7865
24-Hour Emergency Hotline:
1-800-943-0003
<http://emergencymanagement.wi.gov/>

DATE: December 5, 2009

TO: County Emergency Management Directors

FROM: Jerry Haberl, State Training Supervisor

SUBJECT: Course Recruitment: COMMUNICATIONS INTEROPERABILITY – (G575)

The Wisconsin Division of Emergency Management is sponsoring the course entitled, **Communications Interoperability - (G575)** on **February 10-12, 2010 at the REACT Center at Volk Field**. The course will begin at **8:00 a.m.** on Wednesday, February 10th, and conclude at approximately **4:30 p.m.** on Friday, February 12, 2010. Dress is casual.

The purpose of this course is to provide a process and tools for jurisdictions within an area/region to use in working together to achieve communications interoperability. Based on the SAFECOM model developed by the Department of Homeland Security's Office for Interoperability and Compatibility, and the National Incident Management System (NIMS), this course focuses on cooperative planning in five main areas: governance, technology, plans and procedures, training and exercises, and usage – and on funding improvements in those areas.

The class should include decision makers representing as wide a selection of stakeholders as possible from each jurisdiction in the area. A list of potential attendees could include: Policymakers, Emergency Managers and Planners, Fire, Police, EMS, Public Works, Public Health, Disaster Relief Agencies, people knowledgeable about currently used communications systems and equipment, and people with technical knowledge of communications technology.

If you travel more than **50 miles one way** and do not wish to commute, **we will make reservations** for you at Volk Field. Wisconsin Emergency Management will provide lodging costs (*for those traveling 50-miles or more one way*), and both the breakfast and lunch meals for **all** participants; however, expenses for travel, the evening meal, and any other incidentals are a local responsibility. Registrants will receive a letter of confirmation approximately one month prior to the start of the class.

Please have prospective participants complete the attached registration form, and return the form to your Regional Director no later than **JANUARY 10, 2010**.

Thank you for helping us bring emergency management training to your community. If you should have any questions, or need further information, please call your Regional Director, or Jerry Haberl, at (608) 242-3213.

Encl: Registration Form

cc: WEM Management Staff
Regional Offices
Peter Jensen

REGISTRATION INFORMATION
COMMUNICATIONS INTEROPERABILITY – (G575)
FEBRUARY 10-12, 2010
REACT CENTER, VOLK FIELD

Please complete the information below and send it to your County Director by January 9, 2010. County Directors must submit this registration to their Region Office no later than January 10, 2010. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible. (Reproduce this sheet locally for additional people.)

(print clearly)

NAME _____ MIDDLE _____ SIGNATURE _____
"NAME"
(MUST BE PROVIDED TO REGISTER)

TITLE _____

LAST 4-DIGITS OF SOCIAL SECURITY # _____
(MUST BE PROVIDED TO REGISTER)

HOME ADDRESS _____

CITY _____ ZIP _____ COUNTY _____

WORK PHONE # _____ FAX # _____

E-MAIL _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE _____
MUST BE PROVIDED

State Privacy Provision

Authorization: Wisc Stats 166.03 and E.O. 9397.

Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected

LODGING INFORMATION

_____ I live more than 50 miles away and don't need a room.

_____ I live over 50 miles away; please reserve a room for the following nights:

(PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM)

TUESDAY, FEBRUARY 9, 2010

WEDNESDAY, FEBRUARY 10, 2010

THURSDAY, FEBRUARY 11, 2010

SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT: _____

SIGNATURE OF REGIONAL DIRECTOR/DATE OF RECEIPT: _____